2 101	hin fanns damablianil	th applicable f	facis) to Mail	Mail Stop ISSU	r fre		
Complete and send this form, together with appli			ee(s), to: <u>Man</u>	Commissioner for P.O. Box 1450			
<i>₹</i>			or <u>Fax</u>	(703) 746-4000	_		
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected by maintenance fee notification	m should be used for tran respondence including the selow or directed otherwise s.	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLI rders and notification a) specifying a new	ICATION FEE (if requirements of maintenance fees correspondence address	nired). Blocks I through will be mailed to the cur ; and/or (b) indicating a	5 should be corrent corresponde separate "FEE A	npleted nce addi DDRES
CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for 90 01/18/2005	any change of address)		Fee(s) Transmittal. The papers. Each addition	f mailing can only be us his certificate cannot be us al paper, such as an assi- te of mailing or transmiss	ised for any other gnment or formal	accomp
NIKOLAI & ME					rtificate of Mailing or T		
900 SECOND AVE				I hereby certify that the	his Fee(s) Transmittal is	being deposited	ith the
SUITE 820				addressed to the Ma	his Fee(s) Transmittal is with sufficient postage for il Stop ISSUE FEE add	iress above, or t	in an er eing fa
MINNEAPOLIS, N	IN 55402			transmitted to the USI	210 (703) 746-4000, on	the date indicated	below.
/2005 SDENBOB2 000000	27 10829109			An	na Lemke	Bow b	Depositor
					anno	ercre	(Si
:2501	700.00 OP				4-1	L5-0 <u>5</u>	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET N	O. CONFIRM	ATION 1
10/829,109	04/21/2004		Chia-Po Chan	<u> </u>	14419 B	5	85
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P	PUBLICATION FEE	TOTAL FEE(S) DUE	DATI	DUE
APPLN. TYPE nonprovisional	SMALL ENTITY YES	ISSUE F	<u> </u>	PUBLICATION FEE	TOTAL FEE(S) DUE		DUE 1/2005
<u></u>	YES						
nonprovisional	YES	\$700	ит с	\$0			
nonprovisional EXAM HIRSCH, 1. Change of correspondence	YES INER PAUL J	\$700 ART UN 3753	2. For printing on	\$0 CLASS-SUBCLASS 137-636300 a the patent front page, li	\$700		/2005
nonprovisional EXAMI HIRSCH, I. Change of correspondence CFR 1.363).	YES INER PAUL J address or indication of "Fo	\$700 ART UN 3753 se Address,** (37	2. For printing on (1) the names of or agents OR, alta	\$0 CLASS-SUBCLASS 137-636300 a the patent front page, li up to 3 registered pater	\$700 st Ala nt attorneys 1 NIF	04/1	3/2005
nonprovisional EXAMI HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached. on (or "Fee Address" Indication on (or "Fee Address" Indication of (or "Fee Address") or "Fee Address" or "F	\$700 ART UN 3753 See Address* (37 Correspondence	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, lift up to 3 registered paterenatively, a single firm (having as any or agent) and the name by or agent) and the name of the same of the sam	st Ala nt attorneys 1 a member a 2 MET	04/18 an D. Ka	//2005 mra
nonprovisional EXAMI HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached.	\$700 ART UN 3753 See Address* (37 Correspondence	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne	\$0 CLASS-SUBCLASS 137-636300 The patent front page, lift up to 3 registered pater ernatively, single firm (having as ty or agent) and the nam at attorneys or agents. If	st Ala nt attorneys 1 a member a 2 MET	o4/18 an D. Ka KOLAI &	//2005 mra
nonprovisional EXAMI HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached. on (or "Fee Address" Indication on recent) attached. Use	\$700 ART UN 3753 E Address* (37 Correspondence- tion form of a Customer E PRINTED ON T	2. For printing on (1) the names of or agents OR, alta (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, life up to 3 registered paterernatively, single firm (having as by or agent) and the name at attorneys or agents. If we will be printed. or type)	st Ala nt attorneys 1 a member a 1 nes of up to 1 no name is 3	od/is an D. Ka KOLAI & RSEREAU,	mra P.
nonprovisional EXAMI HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached. on (or "Fee Address" Indicar r more recent) attached. Use	\$700 ART UN 3753 E Address* (37 Correspondence- tion form of a Customer E PRINTED ON T	2. For printing on (1) the names of or agents OR, alta (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, life up to 3 registered paterernatively, single firm (having as by or agent) and the name at attorneys or agents. If we will be printed. or type)	st Ala nt attorneys 1 a member a 1 nes of up to 1 no name is 3	od/is an D. Ka KOLAI & RSEREAU,	mra P.
nonprovisional EXAMI HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached. on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B. an assignce is identified be 37 CFR 3.11. Completion of	\$700 ART UN 3753 E Address* (37 Correspondence tion form of a Customer E PRINTED ON T llow, no assignee of this form is NOT	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on a substitute for filir	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, life up to 3 registered paterernatively, single firm (having as by or agent) and the name at attorneys or agents. If we will be printed. or type)	st Ala nt attorneys 1 nes of up to no name is 3 mee is identified below, to	od/is an D. Ka KOLAI & RSEREAU,	mra P.
nonprovisional EXAMI HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached. on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B. an assignce is identified be 37 CFR 3.11. Completion of	\$700 ART UN 3753 E Address* (37 Correspondence tion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on a substitute for filir) RESIDENCE: (CF)	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, life up to 3 registered pater ematively, single firm (having as a yor agent) and the name attorneys or agents. If will be printed. Or type) the patent. If an assigning an assignment. TY and STATE OR COMMANDED.	st Ala nt attorneys 1 nes of up to no name is 3 mee is identified below, to	O4/18 An D. Ka KOLAI & RSEREAU,	mra P.
nonprovisional EXAM! HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Hain Yo Ent	YES INER PAUL J address or indication of "Feence address (or Change of 02) attached. on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of the co	ART UN 3753 See Address* (37 Correspondence stion form of a Customer E PRINTED ON Tollow, no assignee of this form is NOT	2. For printing on (1) the names of or agents OR, alta (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on T a substitute for filir) RESIDENCE: (CT	\$0 CLASS-SUBCLASS 137-636300 The patent front page, lifting to 3 registered patent ernatively, single firm (having as your or agent) and the nament attorneys or agents. If ill be printed. or type) the patent. If an assignment. TY and STATE OR COURTH ASSIGNMENT ASSIGNMENT.	st Ala nt attorneys 1 a member a 2 nes of up to no name is 3 MEF nee is identified below, to the company of the company o	O4/18 AN D. Ka KOLAI & RSEREAU, the document has	mra P.
nonprovisional EXAM HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Hain Yo Ent Please check the appropriate 4a. The following fee(s) are e	YES INER PAUL J address or indication of "Feence address (or Change of (2) attached. on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO Bean assignee is identified be 37 CFR 3.11. Completion of the co	\$700 ART UN 3753 The Address* (37 Correspondence tion form of a Customer E PRINTED ON To assignee of this form is NOT (B) (B) Ltd. The control of the printer of the customer (B) And the control of the customer (B) And the customer (B)	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on T a substitute for filir c) RESIDENCE: (CT. Chance inted on the patent): Payment of Fee(s):	SO CLASS-SUBCLASS 137-636300 The patent front page, lift up to 3 registered pater ematively, single firm (having as a yo or agent) and the name of attorneys or agents. If ill be printed. Or type) the patent. If an assignment. TY and STATE OR COURT and STATE OR COURT and STATE OR COURT and Individual Court and	st Alament attorneys 1 NIF and attorneys 3 MEF MEF MER	O4/18 AN D. Ka KOLAI & RSEREAU, the document has	mra P.
nonprovisional EXAM! HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Hain Yo Ent Please check the appropriate of the content o	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached. Use r more recent) attached. Use RESIDENCE DATA TO Bean assignee is identified be 37 CFR 3.11. Completion of EE erprises Coassignee category or category inclosed:	\$700 ART UN 3753 The Address* (37) Correspondence Attion form of a Customer E PRINTED ON To a customer E PRINTED ON To a customer is NOTO (B) Atticles (will not be printed to	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on f a substitute for filir) RESIDENCE: (CT. Chance inted on the patent): Payment of Fee(s): A check in the action of the patent of the substitute of th	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, life up to 3 registered pater ematively, a single firm (having as ay or agent) and the name that one yes or agents. If ill be printed. Or type) the patent. If an assigning an assignment. TY and STATE OR COUNTY AND STATE OR CO	st Ala nt attorneys 1 a member a 2 nee is of up to 7 no name is 3 MER nee is identified below, the state of the stat	O4/18 AN D. Ka KOLAI & RSEREAU, the document has	mra P.
nonprovisional EXAMI HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Hain Yo Ent Please check the appropriate 12. Issue Fee Publication Fee (No sa	YES INER PAUL J address or indication of "Forence address (or Change of 2) attached. on (or "Fee Address" Indicat in more recent) attached. Use RESIDENCE DATA TO B. an assignee is identified be 37 CFR 3.11. Completion of the completion of th	\$700 ART UN 3753 See Address** (37 Correspondence Attion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B , Ltd. ries (will not be printed)	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered attorne 1 registered pater listed, no name w THE PATENT (print data will appear on a substitute for filir Chance inted on the patent): Payment of Fee(s): A check in the as	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, li up to 3 registered pater ernatively, single firm (having as a ey or agent) and the name tattorneys or agents. If ill be printed. Or type) the patent. If an assigning an assignment. TY and STATE OR COUNTY AND STATE OR COUNT	st Ala nt attorneys 1 a member a 2 nes of up to no name is 3 MER nee is identified below, to UNTRY) Taiwan, Forporation or other private sclosed. B is attached.	O4/18 An D. Ka KOLAI & RSEREAU, the document has R.O.C.	mra P. been fi
nonprovisional EXAM! HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Hain Yo Ent Please check the appropriate of the content o	YES INER PAUL J address or indication of "Forence address (or Change of 2) attached. on (or "Fee Address" Indicat in more recent) attached. Use RESIDENCE DATA TO B. an assignee is identified be 37 CFR 3.11. Completion of the completion of th	\$700 ART UN 3753 See Address** (37 Correspondence Attion form of a Customer E PRINTED ON T clow, no assignee of this form is NOT (B , Ltd. ries (will not be printed)	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered attorne 1 registered pater listed, no name w THE PATENT (print data will appear on a substitute for filir Chance inted on the patent): Payment of Fee(s): A check in the as	\$0 CLASS-SUBCLASS 137-636300 In the patent front page, li up to 3 registered pater ernatively, single firm (having as a ey or agent) and the name tattorneys or agents. If ill be printed. Or type) the patent. If an assigning an assignment. TY and STATE OR COUNTY AND STATE OR COUNT	st Ala nt attorneys 1 a member a 2 nee is of up to 7 no name is 3 MER nee is identified below, the state of the stat	O4/18 An D. Ka KOLAI & RSEREAU, the document has R.O.C.	mra P. been fil
nonprovisional EXAM! HIRSCH, 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Hain Yo Ent Please check the appropriate of the control o	YES INER PAUL J address or indication of "Feence address (or Change of 2) attached. Use on (or "Fee Address" Indication of recent) attached. Use RESIDENCE DATA TO Bean assignee is identified be 37 CFR 3.11. Completion of EE EMPTISES CO assignee category or category or category or category on category on category or category on category on category on category on category on category or category on category	ART UN 3753 The Address" (37 Correspondence tion form of a Customer E PRINTED ON Tollow, no assigned of this form is NOT (B	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w THE PATENT (print data will appear on T a substitute for filir c) RESIDENCE: (CT. Chance inted on the patent): Payment of Fee(s): A check in the au Payment by cred	SO CLASS-SUBCLASS 137-636300 The patent front page, lifting to 3 registered pater ematively, single firm (having as a yor agent) and the name of attorneys or agents. If ill be printed. Or type) the patent. If an assignment. TY and STATE OR COUNTY AND STATE OR	st Ala nt attorneys 1 a member a 2 nes of up to no name is 3 MER nee is identified below, to UNTRY) Taiwan, Forporation or other private sclosed. B is attached.	O4/18 An D. Ka COLAI & RSEREAU, the document has R.O.C. te group entity Country tra copy of this for	P. Been file Government

Authorized Signature Date 4-15-05

Typed or printed name Alan D. Kamrath Registration No. 28227

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.